



ACC.15

TCT@ACC-12 | innovation in intervention

A922
JACC March 17, 2015
Volume 65, Issue 10S



Heart Failure and Cardiomyopathies

EPIDEMIOLOGY OF TAKOTSUBO CARDIOMYOPATHY: A NEW JERSEY STATEWIDE STUDY

Poster Contributions

Poster Hall B1

Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: World of Cardiomyopathies

Abstract Category: 14. Heart Failure and Cardiomyopathies: Clinical

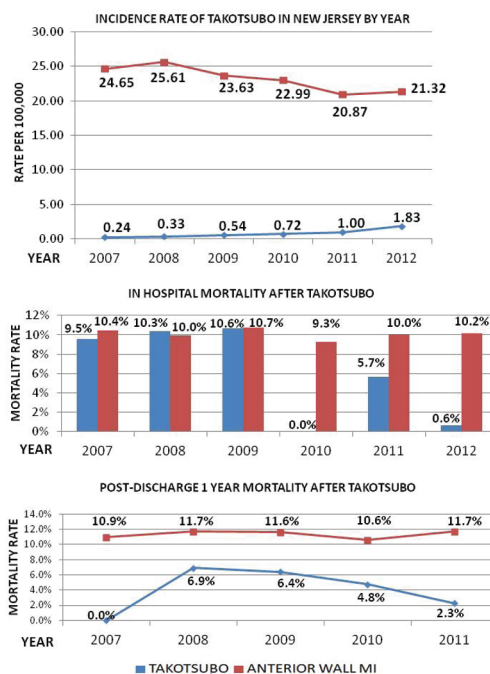
Presentation Number: 1184-198

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Background: Takotsubo cardiomyopathy (TC) was first reported in 1991 but it was largely unrecognized until the late 1990s. An International Classification of Diseases Code was assigned in 2005. Our aim was to define the epidemiology of TC based on Myocardial Infarction Data Acquisition System (MIDAS, a statewide database in New Jersey (NJ)

Methods: We identified 1308 cases of TC between 2007-12. We selected the 410 cases for which the diagnosis was verified with cath. We compared these cases with a control group which consisted of all cases of Anterior Wall MI (AWMI) during the study period (n=12164). Baseline characteristics, Incidence and mortality data were examined

Results: TC was significantly more common in Females (90.2%) and Whites (69.5%). Patients in the TC group as compared with the AWMI group were more likely to have Hypertension (65.9% vs 17.7%, $p<0.001$), Dyslipidemia (52.2% vs 14.6%, $p<0.0001$) and Diabetes (15.6% vs 7.2%, $p<0.001$). There was an increase in the number of TC cases during the study ($p<0.0001$) while there was a decrease in the number of AWMI ($p<0.0001$).



There was a decreasing trend in In-Hospital Mortality after TC ($p=0.0005$) but the decrease was not significant after AWMI ($p=0.3090$). There was no significant trend in the post-discharge 1- year mortality either for TC or for AWMI

Conclusion: Between 2007-12, the incidence of admissions for TC increased 9-fold, in-hospital Mortality decreased significantly, and 1-year mortality remained unchanged. The prognosis of TC is better than AWMI